STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
999 ASYLUM AVENUE, HARTFORD, CONNECTICUT 06105

Sarah Healy Eagan
Acting Child Advocate

TESTIMONY OF SARAH EAGAN, ACTING CHILD ADVOCATE FOR THE STATE OF CONNECTICUT, REGARDING THE BUDGET FOR THE DEPARTMENT OF CHILDREN AND FAMILIES

Good afternoon, Representative Walker, Senator Bye, Senator Kane, Representative Miner, and distinguished members of the committee. I am Sarah Eagan, the Acting Child Advocate for the State of Connecticut and I am submitting this testimony regarding the budget appropriated for Department of Children and Families. I was appointed to this position in August 2013 by Governor Malloy and began my term on September 9, 2013.

The Office of the Child Advocate responds to citizens' calls for help regarding children, often children with disabilities or those who have been victims of abuse or neglect; reports regarding unexplained and unexpected child fatalities; reviews child-serving systems strengths and gaps and partners with stakeholders to develop and implement recommendations for change.

The Office of the Child Advocate recognizes and appreciates the support of the Governor and this Legislature for maintaining the safety net for our most vulnerable children and families during these extremely difficult fiscal times. With regard to DCF's proposed budget, the Office of the Child Advocate would like to highlight two priorities:

- Maximize re-investment of savings from congregate care reduction and decreased foster care to strengthen our continuum of prevention and behavioral health services for children and their families;
- Ensure DCF resources to strengthen data collection and reporting capabilities so that the state can better assess service delivery and outcomes for children.

Priority One: <u>Reinvest DCF Savings into Developing Community and Family-based Services</u>.

Connecticut has taken several significant steps in recent years to reduce the number of abused and neglected children who live in congregate care settings rather than families. DCF has also made tremendous and important headway in bringing back to Connecticut the hundreds of children who were being served in long-term residential treatment in other states. Additionally, DCF has made dramatic progress in ensuring abused and neglected children who are removed from their parents are placed in family/kin foster care. On this last point, it should be noted that just a few years ago, Connecticut had one of the weakest rates of "kinship care" in the country. DCF is also in early implementation efforts of a "differential response" to serving high need families, an evidence-based protocol for improving child maltreatment outcomes that is employed in approximately thirty states.

As a result of these major shifts in system design and service delivery, DCF's expenditures on congregate care and foster care have decreased. This shift necessitates focus on ensuring we have the continuum of prevention, early intervention and treatment services necessary to meet the needs of children now placed in families.

Our children's mental health system is not yet as strong as it needs to be. We remain challenged in ensuring timely access to evidence-based or effective services, skilled care coordination, culturally and linguistically competent services, short term stabilization and assessment services, substance abuse treatment, and early childhood and developmental health supports.

The Federal Court Monitor overseeing the state's progress with a federal consent decree opined this past quarter that many social work teams have embraced the family-centered practice model, but that despite sometimes "heroic" efforts by staff, positive outcomes for children continued to be challenged by case loads, a lack of community based services, and "concerns over the delivery of service for the thousands of children diverted from congregate care[.]" See *Juan F.* Exit Plan Quarterly Report, July 1, 2013 – September 30, 2013, pg. 3. The Monitor concluded that "[e]ven extraordinary efforts by Social Workers and Social Work Supervisors cannot compensate for the system level problems that persist." Id.

A profound need remains for mental health system building.

- **DCF, at any given time, serves approximately 35,000 children and 15,000 families** across its programs and service areas. See State FFY 2014-2015 Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) Block Grant State Plan and Application--draft (hereinafter BG-App.) pg. 37.

- According to the state's combined mental health block grant application for FFY 2014-15, of the children in DCF's data collection system that were identified as having serious emotional disturbance, **"less than 25% ... received evidence-based treatments tailored to their primary diagnosis."** Id. pg. 118.

- Moreover, DCF estimates that **of children and youth served in the juvenile justice system, over half suffer with mental illness or substance abuse**." Id.

- Other identified service delivery gaps include services for children birth to twelve, and children with autism and their families. Id. at 124-25.

Ideally, DCF's foster care savings as well as savings from decreased use of residential treatment facilities would be reallocated to service development, Differential Response (aka Family Assessment Response) and personnel.

Right now Connecticut is engaged in efforts to implement health care reform, address chronic health care costs, innovate primary care for children and adults and ensure parity between access and coverage for medical and mental health care. DCF is already well on its way to drafting a comprehensive mental health plan in accordance with the requirements of P.A. 13-178, with a plan set to be delivered to this Legislature in October, 2014. DCF has put together a comprehensive framework for ensuring its plan will meet critical areas of need and that the plan will be evaluated and informed by community and stakeholder expertise.

Investment at this juncture for children's mental health system building, with an emphasis on strengthening our capacity for early intervention, family-strengthening services and care-coordination will be an essential part in our state's master plan to meet health care needs and reduce long term costs.

Priority Two: Strengthen Capacity at DCF to Review and Report Regarding Children's Well-being and Health Care Expenditures.

It is essential that DCF have the information technology and personnel resources to strengthen its Results Based Accountability framework for service delivery to children and families. DCF laudably participates in and contributes to the State's Children's Report Card, preparing available data regarding facilities and programs.

However, DCF does not yet have the statutory support, technological or personnel resources that it may need to clearly say how well children are doing or whether "anyone is better off" with regard to many critical well-being, including health care, questions.

The Legislature's **Program Review and Investigations** Committee recently completed an exhaustive look at outcomes and transition processes for youth aging out of foster care. PRI staff reported in February 2014 that while there were many promising initiatives at DCF, "in terms of an overall finding, **a comprehensive assessment about how well DCF is preparing youth who age out of DCF care is not possible at this time, and is hindered significantly by a lack of quality aggregate information** on program activities and measures, and individual youth outcomes." (See PRI Report, Executive Summary, pg. 2, emphasis added).

DCF outlined the importance of further developing its assessment and reporting capacity in the most recent **Mental Health Block Grant application** draft, stating that "**too few decision-making processes are built around data inputs**," and significant infrastructure development will need funding sources to move forward. BG-App., pg. 116.

Finally, DCF's proposed budget currently includes over **2 million dollars for a locked girls' facility**. The proposed locked facility for girls has been a point of controversy among advocates who are concerned that the need for a facility arises out of a lack of available services in the community. The new facility has been proposed as a solution to a very real concern: girls with significant histories of trauma, delinquency, substance abuse, sexual exploitation and running away. DCF proposes that the facility will enable it to maintain girls safely while delivering quality treatment as a bridge to community placement.

Given the cost and potential impact of creating a new girls' locked facility, it is **critical that DCF be able to report regarding the effectiveness of this proposed solution**. This is particularly true given the paucity of research regarding the efficacy of most facilities and programs for girls. See Watson, L., Edelman, P., *Improving the Juvenile Justice System for Girls*, Georgetown Center on Poverty, Inequality and Public Policy, Oct. 2012, pp. 4-6.

*****Any state-funded, child-serving facility or program, whether a therapeutic or juvenile justice program, must be able to evaluate and report how well it is addressing youths' need for assessment, stabilization, treatment, rehabilitation, education and discharge to community care.**

In conclusion, DCF continues its laudable transition from a congregate care-focused, foster care intensive service delivery system to one that is more family-centered and community-based. The Office of the Child Advocate supports DCF's new design, and we seek to highlight the importance of adequate investment in budget, infrastructure and personnel to ensure the state can deliver and account for the improved outcomes these changes are designed to foster.

Thank you for your time and attention.

Sincerely,
Sarah Healy Eagan, JD, Acting Child Advocate, State of Connecticut